|  |  |
| --- | --- |
| **UNIVERSITY OF WYOMING HCM FUNDING FORM**  |  |
| **For Current, Future and Corrections of HCM Payroll Funding on salaries paid after July 1, 2019** |  |
| Benefited positions, Hourly positions, Graduate Assistants, Additional Pay, etc. |  |
| Last Name |  | First Name |  |  |
| Person Number |  | Department |  |  |
| **Complete one form per person, per transaction (i.e. Regular Salary and MCD require two separate forms)** |  |
|[ ]  New Funding  |[ ]  Change Current or Future Funding  |[ ]  Expenditure Correction (retroactive change)  |  |
| **Do not select more than one box below, except for Project Funding, i.e. Benefited Position or Additional Pay, not both** |  |
|[ ]  Benefited Position  | Position Number |  | Annual Rate |  |  |
|[ ]  Non-Benefited Position | Assignment Number |  | Pay Rate |  |  |
|[ ]  Additional Pay |  Select One From List | Pay Rate |  |  |
|[ ]  Graduate Assistant  | All GA Payroll changes must be approved by AVP Graduate Education |  |
|[ ]  Project Funding  | Salary correction(s) submitted more than 90 days after the original charge and impacting projects must be approved by Sponsored Programs and the project PM. A justification for the change must be included and also signed by the PM. |  |

|  |  |
| --- | --- |
|  **Current Funding** (use continuation form for additional strings) |  |
| Effective Fund Fund Expense Date Percent Entity Account Code Source Organization Class Program Activity Future Project Task |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |  |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |  |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |

|  |
| --- |
|  **New Funding** (use continuation form for additional strings) |
| Funding must be a **percentage**, not an amount, and **EACH** effective date must total 100% |
| Effective Fund Fund Expense Date Percent Entity Account Class Source Organization Class Program Activity Future Project Task |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1) Completed By |   | Phone |        | Date |        |
|   |
| 2) Cost Center Approver |        | Date |        |
|  |
| 3) Sponsored Programs (>90 days corrections only) |        | Date |        |
|  |
| 4) Project Manager (>90 days corrections only) |        | Date |        |
|  |
| 5) AVP Graduate Education |        | Date |        |